

# 2006 Open Enrollment For Medical Benefits

## For Employees Including Those On Leave Of Absence

Welcome to the 2006 Open Enrollment Period. From October 17 through November 10, 2005 you may make the following changes to your coverage:

- Join the medical plan
- Drop medical coverage
- Change from one medical plan to another
- Add or drop family members covered.

Any changes that you make will become effective on January 1, 2006. **If you do not want to make a change to your medical coverage, you do not need to do anything.** If you decide to make a change for 2006, you must complete a new enrollment form. Forms are available from the Benefits Office at (631) 344-5126, (631) 344-2877 or (800) 353-5321. Completed forms must be returned to the Benefits Office, Bldg. 185 by November 10.

*You may only make changes to your coverage during the annual Open Enrollment Period or when a qualifying event occurs. Qualifying events allow you to make certain changes to your coverage if you notify the Benefits Office within a limited period of time from the date of the event. Qualifying events may include changes in: legal marital status, number of dependents, dependent status, employment status, work schedule, place of residence, or worksite. The qualifying event must relate to the change in coverage that you request. Additional information on qualifying events is available in the Benefits Office.*

## What's Changed?

The following is effective as of January 1, 2006 and applies to all medical plan participants.

- Due to a change in the Internal Revenue Code, the age limit for non-handicapped dependent children has changed as follows.

Medical Plan	Dependent Age Limit (eligibility if full-time student status is <u>not</u> met)	Dependent Age Limit (eligibility if full-time student status is met)
Aetna	End of month of 19 <sup>th</sup> birthday	End of year of 23 <sup>rd</sup> birthday
CIGNA	19 <sup>th</sup> birthday	End of year of 23 <sup>rd</sup> birthday
HIP	End of month of 19 <sup>th</sup> birthday	End of year of 23 <sup>rd</sup> birthday
Vytra	19 <sup>th</sup> birthday	End of year of 23 <sup>rd</sup> birthday

The following is effective as of January 1, 2006 and does not apply to members of the IBEW Union and the SCSPA Union.

- Co-payments for office visits (primary care physicians and specialists) and for prescription drugs have changed and are as follows.

Medical Plan	Office Visit Co-payment (PCP/Specialist)	In-network Retail (up to 30-day supply)	In-network Mail Order (up to 90-day supply)
		(generic / brand name formulary / brand name non-formulary)	
Aetna HMO	\$20/\$25	\$10/\$20/\$40	\$20/\$40/\$80
CIGNA OAP	\$20/\$30	\$10/\$25/\$40	\$20/\$50/\$80
HIP HMO	\$20/\$30	\$15/\$30/\$50	\$22.50/\$45/\$150
Vytra PPO	\$20/\$30	\$10/\$25/\$40	\$20/\$50/\$80

- The 3-month extension of coverage following the graduation of a dependent child under the CIGNA plan has been eliminated, and coverage will end as of the end of the month of graduation.
- Dual coverage in the CIGNA plan is being eliminated (where the husband and wife can cover each other and family members in the program). If this applies to you, you will need to make a change to your coverage to no longer cover each other.
- Under the CIGNA plan for participants not eligible for Medicare, when an individual has 2 medical plans and the CIGNA plan is secondary, benefits are coordinated so that the total benefits paid by all plans are not more than 100% of the total of all allowable expenses. Please note that this means that for out-of-network expenses incurred during the calendar year, the deductible will apply.

If the participant has 2 plans and is eligible for Medicare, then coverage under the CIGNA plan depends on a variety of factors including if the provider is in or out-of-network, if such provider accepts Medicare or not, and if you have met your Medicare deductible or not.

In either case, the benefit credit has been eliminated, and the CIGNA plan will not reimburse participants for more than their normal liability in the absence of other insurance.

## **Plans Available As Of January 1, 2006**

<b>Non-IBEW Members</b>	<b>IBEW Members</b>
Aetna HMO	Aetna HMO
CIGNA OAP	CIGNA PPO
HIP HMO	HIP HMO
Vytra PPO	Vytra HMO

A comparison of the medical plans is enclosed.

## **Additional Information**

Additional information, including provider directories is available through the Benefits Office and through the following websites and telephone numbers.

<b>Medical Plan</b>	<b>Website</b>	<b>Telephone #</b>
Aetna HMO	<a href="http://www.aetna.com">www.aetna.com</a>	(800) 323-9930
CIGNA PPO and OAP	<a href="http://www.cigna.com">www.cigna.com</a>	(800) 244-6224
HIP HMO	<a href="http://www.hipusa.com">www.hipusa.com</a>	(800) 447-8255
Vytra HMO and PPO	<a href="http://www.vytra.com">www.vytra.com</a>	(631) 694-4000

## **Representatives and Literature**

Representatives from the Benefits Office, Aetna, CIGNA, HIP and Vytra will be available at Berkner Hall on October 18 from 11:00 a.m. to 2:00 p.m. to answer any questions you may have. Literature will be available, including enrollment forms and provider directories.

## Cost (January 1, 2006)

For monthly-paid employees who are **not** members of the IBEW Union:

Annual Base Salary*	Plan	Monthly Cost		
		Employee Only	Employee + 1 Dependent	Employee + 2 or More Dependents
\$0 - \$39,999.99	Aetna HMO	\$ 42.44	\$ 79.31	\$120.09
	CIGNA OAP	\$ 47.98	\$100.96	\$138.50
	HIP HMO	\$ 31.42	\$ 57.36	\$91.33
	Vytra PPO	\$ 37.69	\$ 75.42	\$108.77
\$40,000 - \$69,999.99	Aetna HMO	\$ 63.66	\$118.97	\$180.14
	CIGNA OAP	\$ 71.96	\$151.43	\$207.75
	HIP HMO	\$ 47.12	\$ 86.05	\$136.99
	Vytra PPO	\$ 56.54	\$113.13	\$163.16
\$70,000 - \$99,999.99	Aetna HMO	\$ 80.64	\$150.69	\$228.17
	CIGNA OAP	\$ 91.15	\$191.82	\$263.15
	HIP HMO	\$ 59.69	\$108.99	\$173.53
	Vytra PPO	\$ 71.62	\$143.29	\$206.67
\$100,000 and over	Aetna HMO	\$101.86	\$190.34	\$288.22
	CIGNA OAP	\$115.14	\$242.29	\$332.40
	HIP HMO	\$ 75.40	\$137.67	\$219.19
	Vytra PPO	\$ 90.46	\$181.00	\$261.06

For weekly-paid employees who are **not** members of the IBEW Union or the SCSPA Union:

Annual Base Salary*	Plan	Weekly Cost		
		Employee Only	Employee + 1 Dependent	Employee + 2 or More Dependents
\$0 - \$39,999.99	Aetna HMO	\$ 9.79	\$18.30	\$27.71
	CIGNA OAP	\$11.07	\$23.30	\$31.96
	HIP HMO	\$ 7.25	\$13.24	\$21.08
	Vytra PPO	\$ 8.70	\$17.40	\$25.10
\$40,000 - \$69,999.99	Aetna HMO	\$14.69	\$27.45	\$41.57
	CIGNA OAP	\$16.61	\$34.95	\$47.94
	HIP HMO	\$10.87	\$19.86	\$31.61
	Vytra PPO	\$13.05	\$26.11	\$37.65
\$70,000 - \$99,999.99	Aetna HMO	\$18.61	\$34.77	\$52.65
	CIGNA OAP	\$21.04	\$44.27	\$60.73
	HIP HMO	\$13.77	\$25.15	\$40.04
	Vytra PPO	\$16.53	\$33.07	\$47.69
\$100,000 and over	Aetna HMO	\$23.51	\$43.93	\$66.51
	CIGNA OAP	\$26.57	\$55.91	\$76.71
	HIP HMO	\$17.40	\$31.77	\$50.58
	Vytra PPO	\$20.88	\$41.77	\$60.24

For weekly-paid employees who **are** members of the IBEW Union:

Plan	Weekly Cost		
	Employee Only	Employee + 1 Dependent	Employee + 2 or More Dependents
Aetna HMO CIGNA PPO HIP HMO Vytra HMO	3% of Base Salary*	3.5% of Base Salary*	4% of Base Salary*

For weekly paid employees who **are** members of the SCSPA Union:

Annual Base Salary*	Weekly Cost		
	Employee Only	Employee + 1 Dependent	Employee + 2 or more Dependents
Less than \$30,000	\$ 5.22	\$ 7.98	\$10.73
\$30,000 to \$39,999.99	\$ 7.43	\$11.00	\$14.85
\$40,000 to \$59,999.99	\$ 9.63	\$14.30	\$19.25
\$60,000 to \$79,999.99	\$12.67	\$19.03	\$25.37
\$80,000 and over	\$16.48	\$24.74	\$32.98

For medical plan participants who are receiving Long Term Disability Plan benefits: \$0.00

\*The Base Salary category for eligible part-time employees is based on their full-time equivalent salary.